1. PLACE OF DEATH

b. CITY OR TOWN (III
RURAL and give no

Grantsvi.
d. NAME OF HOSPIT.
OR INSTITUTION

NAME OF DECEASED

S. SEX

(Type or print)

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MARYL	AND ST	ATE DEPARTM	ENT OF HEALTH	-BAL	TIMORE, 1	8		
3	360	CERTIFICA	ATE OF DEATH	ł		Reg. Di	1. 0.3	345
errett	-	MARYLAND	2. USUAL RESIDENCE (Who, STATE Maryla:		L COUNTY		ce before d	
autside carporate limits	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corpo	rote limits, write RI	URAL and	give neares	I tawn)
lle, R.d.	Md.	Life	XGrantsvil.	le, F	D. Md.			
AL (If not in hospitol, gê	ve street oddi	ress)	d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO
Firs	1	Middle	Lost	4. DATE	Mon	th	Day	Year
SILAS		FRANKLIN :	BITTINGER		March		3	1958
6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		P. AGE (in years last birthday)	the state of the s		UNDER 24 HRS.
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ing the, even it retired;	fa	rm work	Garrett	Co.	Md.	U.	S.A.	
			14. MOTHER'S MAIDEN N	IAME				
Bitting	er		Rebecca	Bros	adwater			
IN U. S. ARMED FORCE f yes, give wer or dotes of set	ES7 16. SOC	1 .1 -	NFORMANT Wis Bitting	er. (Add Frant svi	-	RD.	Md.
TH [Enter only one course the WAS CAUSED BY: IMMEDIATE CAUSE (o)	0	or (o), (b), and (c).]	Howebon	-2				AL BETWEEN AND DEATH
DUE TO (b),	Ca	man A	kunt ton		_		3	year
madiote (DUE TO		. (

Male 10o. USUAL OCCUPATIO during most of work Labor 13. FATHER'S NAME Lev 15. WAS DECEASED EVE 18. CAUSE OF DEA PART I. DEA Conditions, if an gove rise to in couse (o), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGATING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while ot wark ot wark p. m 21. I certify that I attended the deceased-fram. that I last saw the deceased AM, from the causes and an the date stated above. and that death accurred ADDRESS (Street, city or town/\$tote DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) 266 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR DATE MAR 1 0

VS A18 (4) 15M 9/\$5

8361 01 874

	3 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	13346
	1. PLACE OF DEATH O. COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence o. STATE MARYLAND b. COUNTY GAT	
	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL SWAMON LIFE	c. CITY OR TOWN (If outside corporale limits, write RURAL and girl X RURAL SWANTON.	
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d, STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
egistror	3. NAME OF DECEASED (Type or print) MAX OLEN BY	coadwater 4. DATE Month Coff	1958
2 with the registrar prior	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH AUG-29-1881 9. AGE (In yours loat birthday) Months Day	
7 P	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retiged) RETIRED FARMER		SA.
poges I and	13. FATHER'S NAME THOMAS BROADWATER	BETTY MILLER.	
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? [Yes, no, or unknown) [If yes, give wor or dates of services] [If yes, give wor or dates of services]	YRL WILT DEER PARK	(MD.
De mit	18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Myocardial infarct	11	interval between Disset and Death minutes
burial-transit	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.		
0 00 00 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO	a) 19. WAS AUTOPSY PERFORMED?
9	CAUSE OF DEATH.	Enter nature of injury in Port I or Port II of item 18.)	
370L 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not while foot work 19 of work 10 to	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.) (County	r) (State)
remaval.	21. I certify that I taak charge of the remains described about death resulted fram: Natural causes , Accident Su	ave, held an Autapsy, Inspection, Inquiry icide, Hamicide, Undetermined cause	, and find the
ol.	SIGNATURE (S Teaster Je.	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
remava	PAMME (Type) James H. Feaster, Jr. Acting 22a. BURIAL, CREMATION, 22b. DATE THEREOF (22c. NAME OF CEMETERY OF	DEPUTY MEDICAL EXAMINER CREMATORY 22d. LOCATION (City, town, or county)	3-25-58 (State)
Q 6	REMOVAL (Specify) MARCH-29 958 3 ROAD WATER 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	CEMETERY NEAR BLOUMINGT	
5	Felleson howern / Director OAKLAN	D MD DATE APR 2 158 Allher	ieh

VS. A15ME(5)

5M 9/55

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8261 S 1958

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CERTIFICATE OF DEATH 3362 Reg. Dist. No. 33 director deoth: Poge 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY filed MARYTAND 6. COUNTY GARRETT GARRETT MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe OAKLAND 9 DAYS KTTZMILLER should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? COUNTY MEMORIAL HOSPITAL YES NO TA . 5 G 3. NAME OF First Middle 4. DATE Month Day Year filled 58 DECEASED MARCH CARR MALLIIIW James DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years lost-birthday) campletely Months Davs NOV. 13. Hours MALE HHIME DIVORCED [7] an papers. WIDOWED [7] yes 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U.S.A. MINES (COAL) MARYLAND MINER puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY ELLEN CARR ROBERT CARR IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address LINNIE CARR (WIFE). KITZMILLER, MD. 4050 no ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a) . (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Helmoure Lous IMMEDIATE CAUSE IO DUE TO Canditions, if ony, which gned gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? 0 YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while While at work at work p. m. 19 58, that I last saw the deceased MARCH 7. 21. I certify that Lattended the deceased from. and that death occurred at 2:20 a.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED det ACTUAL shoul PHYSICIAN'S NAME (Type) OAKLAND, MARYLAND A. E. MANCE. M.D. FUNER co. 226. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) aBod I.O.O.F. Cemetery Garden. W. Va. 0 23/FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oakland, VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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I CALLIA ON ALLENDING THE LEAST THE TOWN REQUIRES THE CALLING OF EXECUTED WHITE AS ADDIS ONE DESCRIPTION OF THE CALLING OF THE	may be retained by the haspital ar attending physician.	TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled in Sithe funeral director,	page 3 shower be detached for use as the burial-transit permit. Then please remaye carbon papers. Rages 1 and Shauld be filed, with	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	
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03348 3363 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . county Garrett b. COUNTY llegany MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL ond give neorest town). Mt. Lake Park. Cumberland. vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 90 OR INSTITUTION ON A FARM? Cresaptown Kiser Nursing Home YES NO NAME OF 4. DATE Middle Month Yeor DECEASED 19 58 Frank G. Cecil 21. DEATH March (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH White Dovs Mala June 12, 1887 Hours WIDOWED [7] DIVORCED F 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Celanese Worker Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cecil Emma Van Meter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 5130 Kiser Nursing Home - Mt. Lake Park. Md. no 18. CAUSE OF DEATH [Enter only one course per line for (p)_(b), and (d.) INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) aure **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY PERFORMED? 0 YES NO 4 CERTIFIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour e. m. While Not while of work of work and that death accurred at \$ 45P 21. I certify that I attended the deceased from. 1928 that I last saw the deceased "M, from the causes and an the date stated above. ADDRESS (Street city or town, state DATE SIGNED ACTUAL SIGNATURE Oakland. Md. PHYSICIAN'S Herbert ghton. M. D. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Hillcrest Cemetery 1958Cumberland . Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Louis Stein, Inc., Cumberland. Md. DATELAR 2 6 158

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. K.

8381 88 AAM .



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DECENAED

e. IS RESIDENCE

Day

U.S.A.

Hours

INTERVAL BETWEEN

ONSEL AND DEATH

PERFORMED?

YES NO X

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DATE SIGNED

(Stote)

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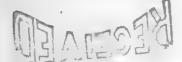
ON A FARM?

YES NO TA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU Y. L.

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CERTIFICATE OF DEATH

	10001				Reg. Dist. No.
 -	PLACE OF DEATH COUNTY Garrett	MARYLAND	2 USUAL RESIDENCE (WIT OF STATE Maryls	ere deceased lived. If institution and b. COUNTY	Residence before admission) Garrett
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret) lown	45 years	c. CITY OR TOWN (IF o	outside corporate limits, write RUI	RAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et oddress)	d STREET ADDRESS		B. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF DECEASED (Type or print) JAMES		FRIEND Lost	4. DATE Month OF DEATH March	5, Day Year 1958
	Male White WIDO	WED DIVORCED	8. DATE OF BIRTH August 8, 189	lost bighdoy) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Megins 2097s Hours Min.
	No. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Retired Coal Miner	b. KIND OF BUSINESS OR INDUS	Friendsvi	lle, Maryland	12. CITIZEN OF WHAT COUNTRY U. S. A.
	13. FATHER'S NAME William James Frie		14. MOTHER'S MAIDEN N Mary Mark		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (16s. nargy unknown) (If yes, give war or dates of service)		s. Raymond Buc	oklew, Terra A	ita, W.Va.
	IB. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cotte (o), stating the underlying couse lost.	line for (o), (b), and (c).] Constal of according to the constal of the constal	- Fifil	en-	INTERVAL BETWEEN ONSEL AND DEATH Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
D	PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO 14
		ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	ort I or Port II of item 18)	
	Hour a.m. Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
1	21. I certify that I attended the decedrative and the second seco	Carring	occurred at 3:00 1		that I last saw the deceased d an the date stated above o ^(e) 3/5/58
	220. BURIAL, CREMATION, 226. DATE THEREOF Removal SBurial 3/7/58	20c. NAME OF CEMETERY O		22d LOCATION (City, town, or Terra Alta, We	county) st Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Terra Alta, W.		R 1 0 '58 COL	RAR'S SIGNATURE

may be retay by the haspital or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL VS A1S (4) 15M 9/5S

e funeral director,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

The American

MARION.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. Page

BUREAU Y. &

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		3369		CERTIFIC	ATE O	F DEATH	4		Reg. Dist	. No. ()	3354
	PLACE OF DEATH o. COUNTY	GARRET	2	MARYLAND	2. USUAL o. STAT	r F	here decease YLAND	d fived. If institution b. COUNTY		before odm	
	b. CITY OR TOWN RURAL and give to CATLAL D	(If outside corporate limit nearest tawn)		month—16 d	11		PARK	rote limits, write R Rurs	_	ve nearest to	wn]
G	MAME OF HOSP OF INSTITUTION ARRETT CO	TAL (If not in hospital, go UNITY LIEMORILA	ve street oddre	") ITA L		D. #1				e. 1S R ON YES	RESIDENCE A FARM?
-	NAME OF DECEASED (Type or print)	Fin TIL		Middle RASTUS	HA	losi RVEY	4. DATE OF DEATH	Mon LIAR(-14	_{Боу} 30	Year 19 58
5.	SEX ALE	6 COLOR OR RACE WHITE	7. MARRIED	NEVER MARRIED	8. DATE OF APR .1	віятн 7,1869		9. AGE (In years lost bighday) 80 yes.		YEAR IF UN Days Hour	
100	USUAL OCCUPAT	ION (Give kind of work d thing life, even if retired)	Own	OF BUSINESS OR IND	USTRY 11. BI		ar fareign s	ountry)		S.A.	AT COUNTRY
13.	FATHER'S NAME	WILLIAM HAR	RVEY		14 MOT	HER'S MAIDEN I		Y MURPHY			
	WAS DECEASED EV	ER IN U. S ARMED FORG		AL SECURITY NO. 17.	WIFE -	MARY H	ARVEY	Add R # 1 -	- BOX	66 ¥Di	ER PAR
	PART I. DE	ATH [Enter only one col ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	5/11	(a). (b). and (c).]						INTERVAL ONSET AN	BETWEEN
	Canditions, if gave rise to couse (a), storing tying couse lost	immediate DUE TO	CERE	esser (Pandis -			> 3	4	" "Zans
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BI	IT NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART	PER	S AUTOPSY FORMED?
CERTIFI	200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	ED (Enter no	ture of injury in	Port I or Por	t II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	10	While			URY (Home, form office bldg., etc		or town)	(Co	ounty)	(Stole)
7	21. I certify alive on Actual SIGNATURE	that I attended the 1-30		ram. / — 5		d at 5 P	M, fran	treet, city or town,	ind on the	e date sta	
		JAMES H. FEA			- :			AlD, MARY		~~~~~	10 mb - 4
	Beneal Place		8 P	leasant V	alley						ote)
23.	FUMERAL DIRECTO	A STONATURE / //-	_	ADDRESS	land.	Mol a REC	D BY REGIS	IKAK 240/KEGI	STRA'R'S SIGI	MAIDICE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

	33.MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg, Dis	(13355 t. No.
	PLACE OF DEATH a. countyarrett MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE ryland. b. COUNTGarre	
	b. CITY OR TOWN (If outside corporate limits, write FURAL and give recorpul town) HULLION c. LENGTH OF STAY IN 1b 9 years	c. CITY OR TOWN (If autside corporate limits, write RURAL and and Hutton,	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hutton, IId.	d. STREET ADDRESS Hutton, Md.	ON A FARM? YES NO
		HMA a JATE Month PARCH	Day Year 19 58
		ay 14, 1926 lost grandoy) yrs. Months D	YEAR IF UNDER 24 HRS.
- 1-	Od. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Own Home	IRY 11. SIRTHPLACE (State or foreign country) Maryland U. S	EN OF WHAT COUNTRY
	Edgar Upole	14. MOTHER'S MAIDEN NAME Freda Fulmer	
	Ver an architectual to the control of control of	rville Hershman Hutton,	Md.
	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PACTIFUTE Y LY MORE Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. (c)		INTERVAL BETWEEN CHISET AND DEATH
CERTICIC ATOMA		_	1(a) 19. WAS ANTOPSY PERFORMED? YES NO
I A CHOSTA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Haur e. m. While Not white fact at work of work of work	CE OF INJURY (Home, form, ary, street, office bldg., etc.) 20f. (City or town) (Coun	(State)
	21. I certify that I took charge of the remains described about death resulted from: Notural causes Accident . Sui		DATE SIGNED
,	EXAMINER'S E. 1. BANDGARTNER	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	58
	20. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR BUrial 3/8/1958 Pleasant Va	TELL TO A	(Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oakland	DATE MAR 1 2 '58 CASH REGISTRAR'S SIGN	LATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUILD SALL

BUKEAU V. R.

director

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attending

Bued

FUNER.

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death.



VS A15 (4) 1SM 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film G228, 4/28 CERTIFICATE OF DEATH

03357

									Keg. Dist.	No.	
1. PLACE OF DEATH	3372				2 USUAL RESI	DENCE (Wh	ere deceosed	d lived. If instituti	on Residence	before o	dmission)
Garrett			MARY	LAND	laryl	.and		6 COUNTY	Carret	T Al	legany
b. CITY OR TOWN (III RURAL and give no	f outside carporate timi arest town)	ls, write	c LENGTH OF STAY	IN 1b				rote limits, write R			
Oakland			2 Days		0akla	md Ct	umber!	land	(1 .	* 41
d NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d STREET A	DORESS				0. 1	S RESIDENCE ON A FARM?
Garrett Cou	nty Memoria	al_Ho	spital		Weaks	//wr/s	in//kg	anie/			ES NO D
3. NAME OF DECEASED	Fir	sl	Middle		Los	1	4 DATE	Mon	th	Doy	Yeor
(Type or print)	1.5	TYV			Leas	nre	OF DEATH	Marc	.h	29	1958
S. SEX	6 COLOR OR RACE	~ ~	HED NEVER MARRIE	ED X B.	DATE OF BIRT		`	9. AGE (In years	IF UNDER 1		UNDER 24 HRS
Female	White	WIDOWI			1-9-90			lost by thday)	Months D	оуз Н	ours Min
10o. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS O	RINDUST	RY 11 BIRTHPL	ACE (State	ar fareign co		12. CITIZ	EN OF W	VHAT COUNTRY?
HOUSEVICE			Own Home				rvla		Ame	rica	
13. FATHER'S NAME	(4. 5) ·		Own Home		14. MOTHER'S			1100		- A	
Layfette	Toooise				A	E3:	4 = - b = 4	hh Taaaaa			
IS. WAS DECEASED EVE		CES? 16	SOCIAL SECURITY NO	17 INF	ORMANT	les LT	rage	th Leasur			
(Yes, no, or unknown)	If yes, give war or dates of s					D	06 5			M	2 2-2
No			None		s Leasu	re, 3	yo hed	catur St.	Cumbe		
	ITH Enler only one co TH WAS CAUSED BY:	use per lin	ne for (o), (b), and (c).			1				ONSET	AL BETWEEN AND DEATH
	IMMEDIATE CAUSE (o	LE	REDERAL	100	cular	1+cc	· d=-	+		2	days
4460	DUE TO								,		
Canditions, if or		141	Leriosci=	rot-c	Cra.	-4.0	- ME.	NAL S	به درسار ک	-	4 ms
gove rise to it couse (o), stoling t											•
lying couse last.) (c)									
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PART I	(o) 19 V	VAS AUTOPSY ERFORMED?
15											S NO Z
PART II. OTH	S UNDERLYING TO	20b DES	CRIBE HOW INJURY O	CCURRED	(Enter noture o	f injury in P	ort 1 or Port	I II of item 18.)			
	MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Day, Yes	or 20d II	JURY OCCURRED	20e PLAC	E OF INJURY	Home, form,	20f. (City	or town)	(Co	unty)	(Stole)
Hour e.m.	19	While of wor	k Not while	rocte	ry, street, office	s bldg., etc.	1				
	A 1 AA 1 AA		ed fram. Z =		10.57	7 . 7	2 >	0- 1059	41 - 1 1		
alive an 3		-712-	s & and that	death o	accurred at	_1_7_7_5_	分M, fran	n the causes o treet, city or town,	ind an the	date :	stated abave. DATE SIGNED
ACTUAL XO	_1-	1	£ X 14	-0	· c				•		-
ACTUAL SIGNATURE		1300	and the	М	D. <u>9</u>	2	54.	Opiel	La la	×	3. 25-52
PHYSICIAN'S	II TI		T 15 D						2		
			Jr., M. D.					<u>Qaklan</u>		ylan	d
22a. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEME				22d LOCAT	TION (City town, o	or county)		(Slote)
REMOVAL (Specify)	Mar.31,	1758		ILOA(e cem.		Cu	mberlan	ال والما		
23. FUNERAL DIRECTOR			ADDRESS	- 7		240. REC'I	D BY REGIST	RAR 24b REGI	STRAR'S SIGN	IATURE	
Byron	Kignt	Cumb	erland, A	vid.		DATE		h /		1	
						न हैं।	2 50		- elui	a	

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ARYLAND	STATE DEP	ARTMENT	OF	HEALTH-	BALTI/	MORE,	1	8

CERTIFICATE OF DEATH	Reg. Dist. No.
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	337	7.3	CERTI		716	OI DEATH			Reg. Dis	t. No.	
PLACE OF DEATH o. COUNTY GARR	ETT		MARY	(LAND	2 U	SUAL RESIDENCE (Who	ere deceas	ed lived If institut b. COUNTY			nission)
b. CITY OR TOWN (RURAL and give in	If outside corporate timi	ts, write	c. LENGTH OF STAY	IN 1b	c	. CITY OR TOWN (IF ou	_	orote limits, write l	RURAL and g	ive nearest t	own}
OAKLAND			8 DAYS		X	X DEER PARK					
d. NAME OF HOSPI OR INSTITUTION GARRETT CO	TAL (If not in hospital, g UNTY MEMORI					. STREET ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	GRAC		BELLE			los! MAYLE	4. DATE OF DEATH	Mo		29	Yeor 19 58
5. SEX FEMALE	WHITE	WIDOWI		0 🗆	12	TE OF BIRTH /15/96		9. AGE (In years lost birthday) 61 yrs.	Months	Doys Hou	NDER 24 HRS.
100. USUAL OCCUPATION during most of wor HOUSEVIL	ON (Give kind of work of king life, even if retired FE	1 1	own Home	R INDUS	STRY	11. BIRTHPLACE (Slote o	ARYI.				STATES
13. FATHER'S NAME					14	MOTHER'S MAIDEN N	AME				
HOWARD M						BELLE N	VAIR				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17. II	NFOR	WANT		Add	lress		
NO				3.4	R.	ALBERT .AYI	E,	TCX 506,	DEER :	PAPK,	MARYLAN
CATI	the under-	DITIONS C				RELATED TO THE TERMIN			VEN IN PART	PEI	AS AUTOPSY IFORMED?
20c. TIME OF INJUI Hour e. m.		While	NJURY OCCURRED	20e. PL/ foc	ACE O	F INJURY (Home, form, dreel, office bldg., etc.)	20f. (Cil	y or town)	(C	ounty}	(Stole)
21. I certify the colive an	not I attended the	decease , 18_`		death	OCCI	, 19 56 , to 24 perred at 10:00	_M, fra		and an th		
NAME (Type) A		NCE.	M. D.				MARY	LAND			
220 BURIA., CREMATIC	3/31/19		Deer Par			etery	De e	r Park,	or county)	(S	tote)
23. FUNERAL DIRECTOR	es signature	re	ADDRESS OE	akla	ind	, Md. DATE	BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE:	
	1						1				

TO A DALLA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 033593374 CERTIFICATE OF DEATH Reg. Dist. No. director, 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] PLACE OF DEATH b. COUNTY COTTO g. COUNTY filed Gorrett MARYLAND intlend V funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) å RURAL and give nearest lown) should rantsville Grantsville. d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 4. DATE NAME OF First Middle Lost Month Day Year DECEASED DEATH 19 58 (Type or print) CHATER ORANDORF ונים בדייונו 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH lost birthdoyl Months Davi Hours Min. WIDOWED F7 DIVORCED | yrs. Temone 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? deoth. own home Garrett Co. puo 13. FATHER'S NAME ofter Terchy Jones Anna Yutz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) none Benger, Grantsville 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) DUE TO þ Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 0 YES TO NO TY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work p. m 21. I certify that I attended the deceased from Museuls 23, 19.50, to 2004 25, 19.50 that I last saw the deceased 2___, and that death accurred at 1: 12 TM, from the causes and an the date stated above. ADDRESS, (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Grantavi do. 0

ADDRESS

Grantsvilla.

Pd.

24a. REC'D BY REGISTRAR

DATE MAR 2 3

REGISTRAR S SIGNATURE

deoth.

15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

A W UASTUG

TE ALIDER

director, the third copy

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The bottom copy may be retained by the hospital or attending physician.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3375 CERTIFICATE OF DEATH

03360

1. PLACE OF DEATH		2. USUAL RESIDE	ENCE (HOME) OF DECEAS	ED
COUNTY Garrett	MARYLAND	STATE Mary	land county Gar	rett
CITY (If autside corporate timits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		porate limits, write RURAL and give n	
TOWN Bloomington	(iii tiiis place)	. 1 TONA (N.)	omington	
HOSPITAL OR		, STREET	(If rural giva location)
INSTITUTION OR STREET ADDRESS Home		/ ADDRESS		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	M De	tticen	OF DEATH Mamak	مان 50
5. SEX 6. COLOR OR 7. SIN		ttison E OF BIRTH	March	24 19 58 ER 1 YEAR IF UNDER 24 HR
RACE W	DOWED, DIVORCED.		Months	Days Hours Min
Female White (SF		.25, 1898	3 9 yrs.	
dona during most of working life, evan if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
ratirad) house-wife	own home	Lonaconing		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDER	N NAME	
Walter Mackay		Agnes Gr	indle	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT 8	ADDRESS	
(Yas, no, or unk.) (If Yes, give wer or detes of set	Aical	Dorsey	Pattison, Bloc	mington, Mo
I DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	<i>p</i> 1	1. L. 1 1.	-	ONSET AND DEATH
420, IMMEDIATE CAUSE (A)	Cormany F	itrorial Di	sease	SIX week
ANTECEDENT CAUSE(S) DUE TO	·		W.	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG		7	- : /
TO THE DEATH BUT NOT RELATED TO THE	Dici	netes Nellin	tus	FIR YOUR
	R FINDINGS OF OPERATION	***************************************		20. AUTOPSY?
60X None				YES NO
OR CONTRIBUTING 🗀 CAUSE OF DEATH 📗 OF IN.	PLACE (Home, farm, factory, IURY street, office bldg., etc.)	21c. WHERE DID INJURY OCC	CUR? (City or town) (Co	unty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Hour) 21a, INJURY OCCURRED	1 21f. HOW DID INJURY OCC	2007	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M. at work at work			
22. I hereby certify that I attended	the deceased from Jan	10 1958 10 M	av. 24 1058 that	Lines case the deceases
alive on Mar. 22 , 1958	, and that death occurred	4.5/A 4 from the	rial conservation to the late	. I I
SIGNATURE A	, and that death occurred	and succession in the	DRESS (Street, city, town, state)	Ted above. Date Signer
Charles M	war M.D.		W.Vs.	Mar 75 1250
23. BURIAL, CREMATION, DATE THERE			LOCATION (City, town, or coun	ily) (State)
Burial (SPECIFY) 3/26/			Westernport	1
24. REC'D BY REGISTRAR REGISTRAR'S				
A. KEC D BI REGISTRAR PREGISTRARS	SIGNATORE	25. FUNERAL DIRECTOR	3 SIGNATURE	Imont. W.Va.

SEEL LE RAM

BUREAU V. &

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	3376 CERTIFICATE OF DEATH Reg. Dist. No.	03361
	PLACE OF DEATH o. COUNTY Garrett MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before a state by the country	ore admission)
	Oakland 5 Days) Creilin, Maryland	earest town)
	Garrett County Memorial Hospital Box 117	e. IS RESIDENCE ON A FARM? YES-E NO
	(Type or print) Uriah Coleman Phillips DEATH March 19	1/ /
	Male White WIDOWED DIVORCED 2-7-74 Cast birthday) Months Days	Hours Min.
L	Retail Merchant General Store Parsons, W. Va. U.S.A.	OF WHAT COUNTRY
	Wesley Phillips patax shaken Lucinda Yokum	
- C	no (figure, gare wor or dole of service) ——— UDaughter* Nora Bolyard Crell:	in, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Core les af Ateconominag 8 ON Conditions, if any, which) (b) Creleted Sclosurs as	ERVAL BETWEEN SELANDIDEATH SOUTH
z	couse (a), stating the under (b) DUE TO (c) (c)	77-01-br-rus/sr-sr-sr-
FICAT	CAT	PERFORMED?
4 -		(5-1-1
MEDIC		(State)
	alive an 3-19 , 1958, and that death occurred all: 35A eM, from the couses and on the do ACTUAL SIGNATURE: Cudul Mo. ADDRESS (Sireet, city or lown, state)	aw the decease of stated above DATE SIGNE
	PHYSICIAN'S Andrew E. Mance, M. D., Oakland, Maryland	
22	Barsons Cemetery Parsons, W. Va.	(State)
822	ADDRESS ADDRESS SIGNATURE 246. REGISTRAR 246. REGIS	RE
		PRIZEC OF DEATH O. COUNTY Garrett MARYLAND D. CITY OR TOWN (If outside corporate limits, write and one of the county of the

enueva & z.

6±1 17 841.

MAT 1020

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4	may be retail by the haspital or attending physician.	poor 3 should be defined for use as the buriel-transit permit. Then please remove carbon popers. Poors I and 2 should be filled with	
death.	Joseph	d be fi	
s after	3	shau	
4 hour	at he] ond	
vithin 2	11 6:11°	Pages	,
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requir	ion.	nsit per	ond in
he law	physic	rial⊹tra	naval,
IAN: 1	tending	the bu	, or re
PHYSIC	ol ar of	Use as	emotion
DING	hospite After	hed for	rial, cr
ATTEN	y the	e defac	r to bu
AL OR	may be reta y the haspital ar attending physician.	d blub	the registrar prior to burial, cremotion, or removal, and in any event within 22-130 us after death.
TIGSOIT	y be r	de 3 sh	registr
10	E	o o	he

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100	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
()	GARRETT MARYLAND	O. STATE MARYLAND b. COUNTY GARRETT
V	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	OAKLAND	Oakland Rural
1.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
, 3	EVANS NURSING HOME	c/o Earl Sims, RFD # 1 ON A FARM?
	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) SARAH ELIZABETH	SIMS. DEATH MARCH 23 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	01110.
	Company of the second	8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI	
	during most of working life, even if retired)	
	13. FATHER'S NAME	SUNNYSIDE GARRETT CO. U.S.A.
_	E D NI	SCHALADIA WHITEHAIR.
III	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
	(Yes, no, or unknown) I fif yes, give wer or date, of vervice)	
		ARL SIMS CAKLAND RT1. MO.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: STARUA FOR	e Transvinition 3 morni
	442 X DUE TO	
	Conditions, if any, which) 10 Alexiose 1=10	tin Conto - Rentl dosons yes
	gove rise to immediate DUE TO	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRIOR CONTRIBUTING CAUSE OF DEATH CAUSE OF D	ED. (Enter nature of injury in Part I or Part II of item 18.)
	· ·	
		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	Hour a.m. While Not while for p.m. 19 pl work at work	xiory, street, office blog., etc.,
	21. I certify that I attended the deceased fram.	
		h occurred at 4 so AM, from the causes and an the dote stated above.
	dive on the second deci-	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
	SIGNATURE SIGNATURE N. Clenter.	40 58 2-d St. Osthal and 3 23,0
1	SIGNATURE	.M.D
	PHYSICÍANS NAME (Typo)	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, tawn, or county) (State)
	= REMOVAL (Specify)	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	DO CEMETERY NEAR OAKLAND MD.
1 1	Literate Wid Nowall H IVIE Continues	
V	- This relation water for APTANK,	MA JOATE APR 2 '58 Cliffeduch

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BUREAU V. S.

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VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9, Film G228, CERTIFICATE OF DEATH Item

03363

	3318	0.01(11110)			Reg. Dist. No.
	1. PLACE OF DEATH		2 USUAL RESIDENCE (When	e deceased lived. If institutions	: Residence before admission)
	o. COUNTY Garrett	MARYLAND	Marylan	nd b. COUNTYG	arrett
	b. CITY OR TOWN (If outside corporate limits, write c	LENGTH OF STAY IN 16	c CITY OR TOWN (If out	side corporate limits, write RUR	
	Rural Oakland	78 yrs.	Rural	Oakland	
	d. NAME OF HOSPITAL (If not in hospitol, give street od Ror Institution Rorth Oaklan		d STREET ADDRESS R. D. #1, N	North of Oak	e. 15 RESIDENCE ON A FARM? YES 2. NO
	3. NAME OF First DECEASED (Type or print) Elizabeth	Middle Uphold	Thomas (DATE Month OF March	23, Doy Yeor 1958
	5. SEX Female White WIDOWED	V	8. DATE OF BIRTH July 2, 1880	last birthday) A	UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired) HOUSE VIIE	nd of Business or Indus	Maryland		12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		
	Calvin Uphold		Susanna		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SC [Yes, no or unknown] [If yet, give wor or doles of terrice]		NFORMANT na Jane Frie	end Cresapt	own, Md.
9	Conditions, if any, which gave rise to immediate cause (a), steling the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CO	Interes	solution to the TERMIN.	Cardiovase KOELAS AL DISEASE CONDITION GIVEN	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	rt I or Port II of (tem 18.)	YES NO Z
	A Hour o. m. While	Not white of work	ACE OF INJURY (Hame, form, story, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
4	21. I certify that I attended the deceased alive on Maran 2 . 195. ACTUAL SIGNATURE MELLET H. PHYSICIAN'S Herbert H. Lef	fram Cotalia and that death ghton, N. D	no. 77 Oak	M, from the causes an	that I last saw the deceased d an the date stated abave, DATE SIGNED
	220. BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY OF ROOMING RO	R CREMATORY 2	2d. LOCATION (City, town, or a	dsville, Id.
1	AS FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oakla	nd, Rid DATE MA		EAR'S SIGNATURE

GUREAU V. S.

8361 88 9AM

DECENAED

40 a -	PAL-A	B.1
Reg.	DIST.	No.

							Kañ. Diz	1. 110.			
1. PLACE OF DEATH a. COUNTY	GARRETT		MARYLAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY	GARR		mission)		
b. CITY OR TOWN (I- RURAL ond give ne OA KLAN		ts, write	6 HRS. 50 MI	c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown) ROUTE 2, OAKLAND							
OR INSTITUTION	AL (If not in haspital, g UNTY MEMOR.			d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? YES \ NO \							
3. NAME OF DECEASED (Type or print)	fir LEW		Middle H.	WEIMER	4. DATE OF DEATH	MARCH	th 27,	Day	Year 19 58		
5. SEX MALE	6. COLOR OF RACE WHITE	7. MARI	NEVER MARRIED DIVORCED	8. DATE OF BIRTH \$-11-1877		9. AGE (In years lost-birthday) yrs.	The same of the sa	Days Hou	NDER 24 HRS.		
10a. USUAL OCCUPATIO during most of work UNDERTAK	ing life, even if retired	done 10b.	PROFESSIONAL	and the same of th	ar fareign c IRGINI			U.S.A	AT COUNTRY?		
13. FATHER'S NAME				14. MOTHER'S MAIDEN							
JOHN WEIM		creally.	406111 ### 110 113	MAGDALENE	FIRE	411					
(Yes, no or unknown)	If yes, give war or dates of s			informant RS. EARL ROTH	OAKT.	Add MARY					
Conditions, if or gave rise to it couse (a), stating lying cause last. PART II. OTH 193 X 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS (20b. DES	I de	2 days ED. (Enter nature of injury in LACE OF INJURY (Hame, far)	Port I ar Par	1 II of item 18.)		PE	Rours - Oype AS ANTOPSY RFORMED? (State)		
20c. TIME OF INJUR Hour a. m, p. m.	19	While of war	k at wark	actory, street, affice bldg., et							
actual SIGNATURE PHYSICIAN'S	hat H.		galon and that death	17300g-1 10	ADDRESS S	n the causes of freet, city or town	ind an th	ast saw the date st	he deceased aled above. DATE SIGNED Mar 27,19		
NAME (Type)	N, 226. DATE THEREC		22c. NAME OF CEMETERY C	OR CREMATORY	228. LOCA	TION (City, town,	or county)	(State)		
BREMOVAL Procify)	3/29/19	58	Eglon Ceme	tery	Egl	on, Pre	ston	Co.,			
23 FUNGERAD DIRECTOR	righto	n	/ ADDRESS Oakl	and, Md DATE	APR 1	'58 24b. REGIS	STRAK'S SIG	MATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital are attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and shauld be filled with the registror priar to burial, cremation, ar remaval, and in any event within 72 hapfs offer death.

VS A15 (4) 15M 9/55

CHRYSPICATE OF DEATH

BUREAU K. E.

VPR 1 1958

BECENTED

1	MARYL	AND STATE DEPARTMEN	T OF HEALTH—BALTIMORE	, 18
	338	CERTIFICATI	E OF DEATH	R
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1). PLACE OF DEATH	2	IISHAL RESIDENCE /Where deceased lived if inc	titution

ee. Dist. No. 03365

-		000						-		Reg. D	ist. No.		
1. PL o.	ACE OF DEATH			MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. NATryland b. COUNTGarrett							
b.	CITY OR TOWN (IF RURAL and give neg	outside corporate limi rest town) • 9	ts, write	50 yrs.	IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) XRural Oakland						arest town)	
d.	OR INSTITUTIONS	l (If not in hospital, g ursing H		oddress)		/d. STREET		0ak]	land, R	oute		e. IS RESIDENCE	
DI	AME OF CEASED ype or print)	Fir Madg	e	Enlow		Whit		4. DATE OF DEATH	March	nth 1,	Do	y Yeor 1958	
5. SE	emale	6. COLOR OR RACE White	7. MARR	NEVER MARR	41/	DATE OF BIRT		6	9. AGE (In years rics) birthdoy) yrs.	Manths	R I YEAR Doys	IF UNDER 24 HRS. Haurs Min.	
100. Ho	USUAL OCCUPATION during most of working USE WITE	I (Give kind of work on the life, even if retired)	dane 10b. OV	n Home	OR INDUSTR		yland	-	ountry)		S. A	WHAT COUNTRY	
13. F/	Da vid	T. Enloy	٧			14. MOTHER	inia		ins				
15. W (Yes, r		IN U. S. ARMED FOR yes, give wer or dotte of s		SOCIAL SECURITY NO), 17. INF	ormant s. Art	hur I	DeWit	t. 968	Lan	ce A	lve.	
. 1	PART I. DEATH	WAS CAUSED BY		Coron		B	000	lee i-	wre 21	, ma		ERVAL BETWEEN	
	4-40 Conditions, if ony)	anter	Con	clas	682-x	·			16	10-15 year	
	gave rise to im- couse (a), stating th lying couse last.)										
FICATION	6	proni	-	Contributing to Di	chin	eg Oly	Launce	Lacal	arthu	VEN IN PA	RT 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO	
₩ 6	OG. ACCIDENT WAS OR CONTRIBUTING D FEITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	Enler nature	of injury in P	art I ar Par	t II of item 1B.)				
MEDICA	No. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	20d. It While of work	NJURY OCCURRED Not while t of work		E OF INJURY ry. street, affic			or tawn)		(County)	(Stole)	
2 4 5	CTUAL IGNATURE HYSICIAN'S HE	rbert H.	I.e.	ond tho	1. D.	o. 170	2:30]	land,	n the couses of treet, city or town, Md.	and on		ow the deceosed te stoted above DATE SIGNED	
1	EMOVAL & Proify	3/4/1958		1	d Cen	REMATORY		226. 10CA Oakl	and, Md	or county)		(Stole)	
23. FI	INERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 24b REG	STRAR'S S	GNATU	Æ	

Oakland, Md.

DATE MAR 5

VS A15 (4) 15M 9/S5 6961 S 8W